

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001335

Entity Name: FRIENDS OF THE LOWER SUWANNEE AND CEDAR KEYS NATIONAL WILDLIFE REFUGES, INC.

FILED
Jan 08, 2015
Secretary of State
CC3244096912

Current Principal Place of Business:

16450 NW 31ST PL
CHIEFLAND, FL 32626

Current Mailing Address:

P O BOX 532
CEDAR KEY, FL 32625 US

FEI Number: 59-3718472

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAGLE, LIBBY
6890 WS 103RD TERR
CEDAR KEY, FL 32625 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LIBBY CAGLE

01/08/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name HALL, PEG
Address 5123 NW 75TH LANE
City-State-Zip: GAINESVILLE FL 32653

Title SECRETARY
Name MCPHERSON, JOHN ESQ.
Address PO BOX 921
City-State-Zip: CEDAR KEY FL 32625

Title PRESIDENT
Name HUDSON, BOB
Address P.O. BOX 578
City-State-Zip: CEDAR KEY FL 32625

Title TREA
Name CAGLE, LIBBY
Address 6890 SW 103RD TERR
City-State-Zip: CEDAR KEY FL 32625

Title DIRECTOR
Name BUSHNELL, JAY
Address 15639 NW 46TH LANE
City-State-Zip: CHIEFLAND FL 32626

Title DIRECTOR
Name THALACKER, JOHN
Address P. O. BOX 254
City-State-Zip: CEDAR KEY 32625

Title VP
Name LANG, GREG
Address 110 NE10TH AVENUE
APT. D
City-State-Zip: GAINESVILLE FL 32601

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LIBBY CAGLE

TREASURER

01/08/2015

Electronic Signature of Signing Officer/Director Detail

Date